



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
SERVICE CONTRACT PROVIDER REGISTRATION

Email Application To: dci.ins.deposit@insurance.mo.gov
Mail: Missouri Department of Commerce and Insurance
PO Box 4001
Jefferson City, MO 65102
Questions: regulatory.services@dci.mo.gov

☐ NEW ☐ RENEWAL ☐ AMENDED

INSTRUCTIONS

This registration must be accompanied by registration fee equal to \$300. Each provider must register annually between January 1 and February 1 of each calendar year following the calendar year in which the provider originally registered. Amended applications for registered providers do not require an additional fee. For further information, please review §§ 385.300 through 385.320, RSMo.

SECTION 1. PROVIDER INFORMATION (TYPE OR PRINT)

PROVIDER NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

BUSINESS TELEPHONE

BUSINESS CONTACT NAME

BUSINESS EMAIL ADDRESS

SECTION 2. ADMINISTRATOR INFORMATION

DOES THIS PROVIDER USE THE SERVICES OF ONE OR MORE ADMINISTRATORS?

☐ Yes ☐ No If yes, state the name and address of each administrator below (attach additional pages, if necessary)

ADMINISTRATOR NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

SECTION 3. FINANCIAL RESPONSIBILITY

How will this Provider assure the faithful performance of the provider's obligations to its contract holder? Check which one of the following methods this Provider will use to assure such performance:

- ☐ Insure all service contracts under a reimbursement insurance policy issued by an insurer authorized to transact insurance in this state (if checked, a copy of entire insurance policy must be attached to this Provider Exhibit).
- ☐ Maintain a funded reserve account and place in trust with the Missouri Department of Commerce and Insurance a financial security deposit (if checked, registration is not complete until the Department states in writing that it has confirmed such reserve account and financial security deposit). If applicable, attach surety bond.
- ☐ Maintains a net worth of at least one hundred million dollars (\$100,000,000) (if checked, one of the following must be attached [check applicable attachment(s)]):
- ☐ Provider's most recent Form 10-K filed with the Securities and Exchange Commission (SEC).
 - ☐ Provider's audited financial statements, which must be (1) prepared as of the end of a calendar quarter ending no more than one year prior to the filing of this Provider Exhibit; (2) prepared in accordance with accounting principles generally accepted in the United States of America (USA); and (3) audited by an independent certified public accountant (CPA) in accordance with auditing standards generally accepted in the USA, the report of which CPA accompanies such financial statements.
 - ☐ The Provider's parent company's written agreement to guarantee the obligations of the Provider relating to service contracts sold by the Provider in this state **and** one of the following (check applicable additional attachment):
 - ☐ Provider's parent company's most recent Form 10-K filed with the Securities and Exchange Commission (SEC).
 - ☐ Provider's parent company's audited financial statements, which must be: (1) prepared as of the end of a calendar quarter ending no more than one year prior to the filing of this Provider Exhibit; (2) prepared in accordance with accounting principles generally accepted in the United States of America (USA); and (3) audited by an independent certified public accountant (CPA) in accordance with auditing standards generally accepted in the USA, the report of which CPA accompanies such financial statements.

SECTION 4. ATTACHMENTS

Attach:

- A. If the provider is not an individual, attach a certified copy of the provider's certificate of good standing, fictitious name registration, or similar certification, from the Missouri Secretary of State.
- B. Any attachments required by Sections 1, 2 or 3.
- C. If the provider is "doing business as" a DBA, submit a certified copy of the Certificate in Fact from the Missouri Secretary of State.

The undersigned affirms or swears that (1) the information stated in this registration and any attachments thereto is true and correct to the best of his or her belief, information and knowledge, and (2) the undersigned has read and understood the legal requirements printed with this form.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

MONTH/DAY/YEAR

Email Completed Application and Attachments To: dcins.deposit@insurance.mo.gov

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:

Missouri Department of Commerce and Insurance

P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.